

talk the matter over and see what this should cost you in your present financial condition." He is then told the usual price of such a surgical procedure. He is asked the amount of his income and also of his expense, and the price is arranged so that he can readily afford this expenditure without any financial embarrassment. This makes him an immediate friend of the doctor. He pays for this operation in advance and feels then he has an investment. He is not worried about a bill, the size of which he does not yet know.

This course immediately eliminates the professional dead-beat. Having eliminated the man who plans not to pay, the physician has saved his time, strength and the cash outlay which this causes. This careful business planning does not replace or decrease professional zeal, but on the contrary increases the same. It allows more time for the care of worthy patients, more time for study, recreation and post graduate courses, and incidentally affords more financial remuneration for such pursuits. It does not pauperize any one; it places medical care within the financial reach of all, because no patient need go away because he is poor. His financial condition is discussed openly and freely with him at the first sitting, and instead of his being frightened away by a cold statement that he will have to pay a large amount, he is made to feel that the physician is interested in him to such an extent that he will do for him entirely careful scientific work for as small a fee as the patient feels is just.

Cash should always accompany the work with the same promptness as each individual patient pays his rent, food and store bills. This plan affords a daily cash income to the office and does away with almost all monthly bills, and has, in my experience, practically eliminated the use of the collector. It has removed from my office the professional dead-beat who, in former years, came in flocks, and at the same time it has made no enemies, but has made many warmer friendships.

I wish here to refer to a criticism in the February 1920 California State Medical Journal. Permit me to read a portion of this article:

"To the Editor:

An article appears in your issue of January, 1920, that seems to me to present a wrong point of view regarding the attitude of the physician toward his work; and while this point of view may appeal to a few members of the profession, I can not believe that it does to the great majority. The fault with the article is that it *assumes the primary object of the physician to be the accumulation of money, and that his dealings with patients should be conducted always with this object in view.* But on the contrary, from time immemorial, medicine has been considered one of the great callings or professions, into which men enter because actuated by motives higher than those that prompt the adoption of a mercantile pursuit. It has been handed down by our fathers in medicine and it is as true today as it ever was, that the first and highest motive of the physician is service; that his constant

desire, inspiring all his daily work, must be the relief of suffering and distress, as he has been trained to do; and to do it for the sake of doing it, not for what it will bring him in dollars and cents. To be sure, he expects and must have a fair return for his service; but he must not make this his first thought or he lowers a great profession to the level of a sordid business."

It is this criticism which has inspired my address on this subject today. It entirely misstates my view on this subject, and I vigorously resent the implication that the physician's first thought, in dealing with his patients, is primarily for financial gain; but I as earnestly assert that all physicians I have ever known fully expect a fair remuneration for their services, sufficient to afford a comfortable livelihood, and with the hope of saving enough funds during the harvest time of life to provide for a warm hearth when life's winter snows begin to fall. It is my belief that 90% or more of all men and women entering the medical schools have taken up the work with the hope of making a living, in view. If this last statement be true, why should we hesitate to put our offices in order, treat our patients in a business-like way and collect from them what they honorably and honestly should pay for services rendered? Why procrastinate in presenting our claims?

The author of this criticism quotes our Savior, and says "Man does not live by bread alone." Our Savior also said, "The servant is worthy of his hire," and I am sure that he wishes us to do our work in a tidy manner.

Your speaker possesses high ideals in the pursuit of his profession. He will gladly compare his free charity work among patients and will also compare his cash charity gifts with those of the critic above mentioned. He loves his work for the work's sake; for the good he is able to do patients, both rich and poor, and he has found by experience of the last few years that treating all classes of patients in a deserving business-like manner has incidentally been profitable in this world's goods.

I hope to see in the near future a chair of instruction along business lines installed in each medical school in our country.

Book Reviews

Diseases of the Intestines and Lower Alimentary Tract. By Anthony Bassler. 660 pages. Illustrated. Philadelphia: F. A. Davis Company. 1920. Price, \$7.00.

The author has, with marked attention to detail, written his personal views upon intestinal diseases. He readily quotes the opinions of other writers and in this manner brings the work quite up to date. Yet the author does not hesitate to state clearly when his opinion differs from the other authorities.

A large portion of the volume is devoted to anatomy, physiology and examinations, great detail being given to various laboratory tests, some of which could have been omitted.

A good portion of the book is devoted to Intestinal Toxemia. In fact this subject pervades the whole volume and is used to explain many conditions. The method of bacterial study, of the

stool for diagnosis is of interest but far from convincing. The suggested therapy through vaccines, for the intestinal toxemia, seems not above question in view of the recent evidence of the effect of diet on intestinal contents.

Although a great deal of material in this volume is carried over from a former generation, which could be safely omitted, the book is a step in advance, especially as seen in some of the diet lists, and contains facts that are of interest and value to all. The impression is that the new material could have been gathered into a much smaller volume thus making it more valuable and decidedly less expensive.

E. J. B.

Advanced Lessons in Practical Physiology for Students and Practitioners of Medicine.

By Russell Burton-Opitz, M. D., Ph. D., Associate Professor of Physiology, Columbia University, New York City. Octavo of 238 pages with 123 illustrations. Philadelphia and London: W. B. Saunders Company, 1920. Cloth, \$4 net.

This volume is really the laboratory companion to Burton-Opitz's text-book of physiology. The primal requisite of any laboratory guide is clarity, and this particular note characterizes the volume throughout.

Without being verbose and over technical, each step in the preparation of an experiment is concisely set forth, and in such a manner as to develop in the student that mental attitude which is essential to the proper observation of facts, and inductive correlation of these facts once they are obtained.

The experiments given to exemplify the fundamental principles of respiration and circulation are particularly well selected, as is also the treatment of physiology of the nervous system.

In format the book is well done. Throughout the volume blank pages are inserted so that the student may annotate for himself and put down such data as he deems desirable. Altogether, it is one of the best laboratory manuals that we know of and should receive a well-merited recognition.

R. A. Y.

Physiology and Biochemistry in Modern Medicine.

By J. J. R. Macleod. 3d ed. 992 pages. Illustrated. St. Louis: C. V. Mosby Company, 1920.

The appearance of the third edition of Macleod's work confirms the already favorable reception, which has been given the book. The growing tendency of medical schools to teach the laboratory courses, with an under-emphasis of the clinical courses, and the lack of proper laboratory training in the older medical schools, has created a definite call—the answer to which is supplied by the author's work.

This volume bridges the chasm between the purely academic sciences, and the practical problems of medicine as found by the practitioner in his every-day work. The newer methods of diagnosis and treatment are continually demanding from the practitioner a well-rounded scientific balance, and it is only by a thorough knowledge of the fundamental principles of biochemistry and physiology that he can justly apply to himself the term "a scientific practitioner." It is by correlating these two factors that the book finds its justification.

Considerable new matter has been added to the third edition, there has been an extensive revision of the section on neurology by Dr. A. C. Redfield. The chapter on respiration is particularly complete and brings the material up to and inclusive of the newer work of Henderson and Haldane. The chapter dealing with the endocrine organs is particularly well written, the experimental evidence is conservatively epitomized, and the gradual drift toward the clinical application of the knowledge thus gleaned is judiciously pointed out. Typographically and structurally, the volume maintains

the high standards that have always been set by Mosby's books. The illustrations are profuse and helpful, the tables, whenever given, are accurately compiled. All in all, the volume is one of the most useful and valuable that a physician can acquire, and no well-balanced working library can afford to be without it.

R. A. Y.

An Epitome of Hydrotherapy, for Physicians, Architects and Nurses.

By Simon Baruch, M. D., LL. D., Consulting Physician to Knickerbocker and Montefiori Hospitals, Consulting Hydrotherapeutist to Bellevue Hospital, New York City, Formerly Professor of Hydrotherapy, College of Physicians and Surgeons, Columbia University. 12mo of 205 pages, illustrated. Philadelphia and London: 1920. W. B. Saunders Company. Cloth, \$2.00 net.

The prominence of the author on hydrotherapeutic matters brings this volume to the fore as the most up-to-date ready reference manual obtainable. The physician who wishes to prescribe hydriatic treatments finds much usable knowledge. The operator who would give these treatments most efficiently will benefit by careful study of the methods therein described. Persons planning or installing hydrotherapeutic equipment will make fewer blunders in first consulting the chapters on the construction and arrangement of this complex and expensive apparatus.

H. L. L.

Correspondence

WE HEARTILY AGREE

January 21, 1921.

To the Editor:

1. We regret the fact that you were unable to accept the article sent to you for publication in the State Journal because, as you inform us, it would take at least a year or more for its publication.

2. It is rather lamentable that those desirous of publishing papers after working on some point of interest that would be of benefit to readers of the Journal should be prevented from doing so because of the extreme limitation of space in the State Journal.

3. Cannot some means be found or devised, such as subscription or the like, to make it possible for the Journal to be at least double its size? This is the only fault that we find with our Journal, which, otherwise, as we know for a fact, is highly considered in the East.

4. Appreciating your attention to this letter and trusting you will take this matter up with the editing committee in order to remedy such a deplorable defect.

Yours very truly,

JAMES EAVES, M.D.

PAUL CAMPICHE, M.D.

560 Sutter Street, San Francisco.

VENEREAL DISEASE CONTROL

Los Angeles, Dec. 21, 1920.

To the Editor:

In your November 1920 issue you have a very excellent article from a scientific technical viewpoint upon, "Status of Venereal Disease Control" (page 399).

There is no question at all about venereal disease being absolutely preventable. Perhaps this question is a good deal like the little doggie braying at the moon; our efforts will be futile, but since we have such excellent prophylactics, why not tell the public about them and use them? After all is said and done, and "Fit to Fight" pictures have been shown and no stone left unturned, the people seem to choose to keep on in the same old way. We can't forget what some of our dear old "Profs." used to say about the sexual instinct being next to the first great law of Nature, that of "self-preservation," and that